# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Office of Emergency Medical Services

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**TO:** All MA Licensed Ambulance Services

**CC:** EMCAB Members

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**RE:** EMS Management of Suspected Ebola Virus Disease (EVD) Patients and Point of Entry

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**Purpose:** This Advisory serves to minimize the infection risk to EMS personnel and first responders, to clarify the proper point of entry, to incorporate Department of Public Health epidemiology staff in assessment of suspected Ebola Virus Disease (EVD) patients, and to supplement previously issued CDC guidance regarding the pre-hospital management of suspected cases[1].

**Procedure(s)**:

## Point of Entry

Point of entry for EMS has not changed for Ebola: ambulance services and their EMTs are to continue to transport patients to appropriate health care facilities, as defined in the current EMS System regulations and Department-approved point of entry plans.

## PSAP/Dispatch/Response

1. Public Safety Answering Points (PSAPs) should consider utilizing modified caller queries for patients reported to be experiencing fever with other symptoms consistent with Ebola. PSAPs

[1] Please note that the CDC guidance and/or DPH guidance may change so please consult the most current information at the web links included in this Advisory.

and dispatch centers should coordinate with their vendors and medical directors, to implement appropriate procedures for questioning and dispatching of resources.

2. PSAP call takers who suspect a potential Ebola case after screening for risk factors (symptoms, recent (within 21 days) travel to the specific countries experiencing widespread Ebola virus transmission and exposure to the blood or body fluids of symptomatic Ebola patients) should inform all first responders and EMS that the patient is at potential for having Ebola.
3. Personal Protective Equipment (PPE) should be donned by any first responders making patient contact, and ideally, this should be limited to EMS personnel who will be responsible for providing patient care. The Department supports the CDC's recommendations regarding appropriate PPE, which can be found here[2]: CDC PPE Recommendations

## Scene Management / Initial Assessment

1. All responders should work to minimize the number of personnel who come in direct contact with the patient in question. In most cases, first responders should defer making patient contact until EMS arrives on scene.
2. If the patient is not reported to be in acute distress, the first arriving EMS crew should designate one EMT or Paramedic to don appropriate PPE, and proceed to make patient contact for an initial interview. A second provider should also put on PPE, in the event that the EMT or Paramedic entering the scene requires immediate assistance. The donning should be monitored by a trained observer, and consistent with training and best practices.
3. The initial patient assessment in these suspected cases should be an interview, where the EMT or Paramedic is positioned at least 6 feet away from the patient, and so that a direct conversation can occur. There may be situations where the patient is in a hospital and has already had an initial screening. The EMT should observe and assess the patient for the following:
    A. Travel and Exposure – Ask the patient if he/she has traveled to Liberia, Guinea or Sierra Leone within the past 21 days. If yes, ask if the patient had contact or exposure with blood or bodily fluids of someone who had the Ebola virus, or any contaminated materials. The EMT should obtain the dates of travel when the patient left the affected country, and date and location when they arrived back in the United States.
    B. Clinical Assessment/Symptoms – If the patient meets the criteria for inclusion based on his/her travel history, they should be questioned regarding the presence of signs and symptoms of Ebola virus disease:
        1. Has the patient reported having a fever? It is not necessary for EMS to directly assess the patient's temperature. Ask the patient about their last known

[2] Some ambulance services may choose to exceed the minimum suggested requirements of the CDC regarding PPE due to operational concerns, and/or the anticipation of lengthy transport times. The equipment provided should meet these minimum standards and personnel should be adequately trained, fit-tested, and experienced in the donning/doffing process.

temperature, or have the patient assess their own temperature in the presence of the interviewing EMT while maintaining a 6 foot distance.

2. Has the patient had headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain or bleeding?
3. Utilization of the DPH Epidemiology Line – If the patient has been screened up to this point, and is still determined to be at risk of being an Ebola patient, then contact the 24-hour DPH Epidemiology Line for additional specialized guidance. The interviewing EMT or an EMS supervisor, who has been provided directly with all of the above information, should contact the number below.

DPH Epidemiology Line (available 24/7)

617-983-6800

C. Transport Decision – With the guidance of the Department, the EMS personnel on scene should have a clear indication if this patient is still considered at risk as a potential Ebola case. If Ebola has been ruled out, then the patient should be treated according to the Statewide Treatment Protocols, appropriate infection control should be maintained, and the patient should be transported to the closest appropriate facility.

If the determination is made by EMS, in consultation with DPH, that the patient meets the criteria for possibly having Ebola, the situation should be re-assessed for multiple factors with respect to the level of PPE, notification of supervisors, local public health, online medical control, and the receiving hospital.

## Transport/Treatment

1. Contact with the patient should be kept to a minimum number of providers. Any family members or bystanders at the scene should be separated from the patient, and asked to stay in place until public health authorities can provide additional guidance to other first responders helping manage the scene. Only people who are symptomatic with Ebola virus disease are infectious.
2. The patient should be given a facemask to wear, if they are able to tolerate it. If the patient is vomiting, they should be provided with an emesis bag to help contain any vomitus. If the patient's clothes are soiled, and a protective suit is available for the patient, it may be appropriate to have the patient don a suit prior to transport.
3. If the patient is stable and ambulatory, then the patient should be walked to the ambulance by the EMT who has already made contact and is donned in PPE. Advance notice should be given to any providers outside, so that there is a clear path to the ambulance. If extrication is required, then the minimal number of personnel to safely extricate the patient should be used, and all involved should be donned in appropriate PPE.
4. Notification to the receiving facility should be made through the applicable CMED. At the same time, online medical control should be provided with the details of the patient's condition, and EMS

should ask for guidance to determine if high-risk procedures (IV access, suctioning, and/or airway management) are appropriate in the pre-hospital setting.

5. Statewide Treatment Protocols: Such deviation from the Statewide Treatment Protocols (i.e. withholding ALS procedures) is permissible **only** in consultation with online medical control. EMS is encouraged to call medical control for guidance if assessment and consultation with DPH indicate this as a suspected EVD case.
6. The patient compartment should be separated from the cab of the ambulance using door and/or window separators. If the patient can be effectively managed by one EMT with the patient, then personnel traveling in the ambulance should be limited to that EMT, and an EMT driving. Because of the low risk of Ebola on fomites / surfaces, routine cleaning and disinfection processes are indicated. The Department does not recommend draping the patient compartment in plastic as this can increase exposure upon removing the plastic.
7. The appropriate transport destination should be in accordance with the Department's Statewide Point of Entry Plan for Appropriate Health Care Facility Destination Based on Patient's Specific Condition and Need.
8. Services should pre-plan the most appropriate destination in their area, and are encouraged to coordinate any planning efforts related to potential EVD patients with that hospital.
9. Additional units or support resources should follow the ambulance, or meet them at the hospital. In addition to assisting in the interaction with hospital staff, additional personnel and supervisors will be necessary in the doffing of PPE and decontamination process of the ambulance.

## Post Transport Considerations

1. EMS is to decontaminate the ambulance in accordance with the CDC's recommendations, as outlined in their *Interim Guidance for EMS Systems and 9-1-1 PSAPs*, and in conjunction with the Service's routine decontamination practices. Ideally, the initial decontamination should occur on-site at the drop-off facility.
2. The EMTs directly involved with these patients should be de-briefed after they have gone through doffing and decontamination. In addition to speaking with supervisors and/or the ambulance service's designated infection control officer, critical incident stress debriefing (CISD) should be made available to the EMTs.
3. Follow up should also be coordinated with DPH, local public health, and other public safety partners who were involved in the initial response.

## Additional Resources

DPH Ebola Webpage
CDC Interim Guidance for EMS Systems and 9-1-1 PSAPs
CDC Guidance on Personal Protective Equipment
ASPR Ebola Webpage

**If you have any questions related to this advisory, please contact Brendan Murphy, Paramedic, OEMS Emergency Preparedness Liaison, at brendan.p.murphy@state.ma.us.**